

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Alliance Graphics</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015	
Mailing Address 1101 8th Street		Amount 2387.66	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D682327
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		223916.78	

Full Name of Payee <b>Alliance Graphics</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015	
Mailing Address 1101 8th Street		Amount 6368.47	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D682328
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		223916.78	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	8756.13
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 12 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ELead Resources</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 12 / 2015</b>	
Mailing Address <b>314 W Superior St</b>		Amount <b>56773.55</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60654</b>	Transaction ID : <b>D682326</b>
Purpose of Expenditure Printing & shipping	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 12 / 2015</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>223916.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>56773.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>65529.68</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2015**

Signature